

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKDAVID H. WEINFLASH

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

JOHN DOED/B/AEASTSIDE BILLIARDSJury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name DAVID H. WEINFLASHStreet Address 435 RIVERSIDE DRIVE APT. 21County, City NEW YORK, NEW YORKState & Zip Code NY 10025Telephone Number (212) 749-5543

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name JOHN DOE D/B/A EASTSIDE BILLIARDSStreet Address 163 EAST 86TH ST

County, City NEW YORK, NEW YORK
 State & Zip Code NEW YORK 10128 (?)
 Telephone Number (212) 831-7665

Defendant No. 2 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? AMERICANS WITH DISABILITIES

ACT OF 1990

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? 163 EAST 86TH ST
SECOND FLOOR - PREMISES OF EASTSIDE BILLIARDS

B. What date and approximate time did the events giving rise to your claim(s) occur? _____
OCTOBER 1, 2013 AT ABOUT 6:30 P.M.

C. Facts: TO ENTER EASTSIDE BILLIARDS, I CLIMBED
STAIRS (23 STEP IN 2 FIGHTS). I AM PHYSICALLY
DISABLED BY A MOTORCYCLE ACCIDENT IN 1979.
EARLIER IN THE DAY, I HAD TWO DOCTORS APPOINTMENTS,
THE SECOND AT LENOX HILL RADIOLOGY AT 61 E 77
WHERE I RECEIVED RADIATION FOR BASAL-CELL CARCINOMA.
I THEN ATE THE PRIX FIXE DINNER AT LE MARCHELIER,
A FRENCH RESTAURANT ON 86TH ST NEAR LEX.
COQ AU VIN, SOUP, AND ONE GLASS OF CHARDONNAY
WHEN I REACHED THE SECOND FLOOR OF 163 E 86,
I WAS EXHAUSTED. I SAT AT THE BAR. I WAITED
FOR SERVICE (I WANTED GINGER). SERVICE WAS
REFUSED, THE DEFENDANT AND THE BARTENDER
SAID I WAS DRUNK AND CALLED 911.
THE BARTENDER, HIS GIRLFRIEND WHO WITH HIM BEHIND
THE BAR, A FEMALE CUSTOMER KNOWN TO ME NAMED
JOAN, TWO NEW YORK CITY POLICE OFFICERS CALLED BY DE-
FENDANT.

What
happened
to you?

Who did
what?

Was anyone
else
involved?

Who else
saw what
happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. _____

NONE.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. _____

1. ORDER DEFENDANT TO INSTALL AN ELEVATOR
2. APOLOGIZE TO ME IN WRITING FOR REFUSAL OF SERVICE AND DEFAMATION
3. INVITE ME BACK IN WRITE
4. PAY ALL COSTS, FEES AND EXPENSES IN THIS MATTER BORN BY ME.
5. PUNITIVE AND EXEMPLARY MONEY DAMAGES AS THE COURT SEES FIT.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 2 day of OCTOBER, 2013

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

Alvin H. Wenzel

435 RIVERSIDE DRIVE
APT 21

NEW YORK, NY 10025

(212) 749-5543

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____